

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

**Facility Information**

**Facility Name:** EDELWEISS (510336)

**Address:** RT 3 BOX 67, VIROQUA, WI 54665

**License Status:** REGULAR

**Licensed/Certified/Registered** 04/01/1996

**Regional Office:** SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History**

**Survey ID:** 0096231      **End Date:** 01/23/2006      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0095452      **End Date:** 08/24/2005      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0090791      **End Date:** 07/17/2003      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10006285    Served 08/07/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)	CLIENT RELATED TRAINING	08/24/2005	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	08/24/2005	Yes

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

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**Enforcement History**

**Date:** 08/04/2003      **SOD #**10006285      **Appealed:** No

Sanctions

FORFEITURE---83.14(1)(a)

FORFEITURE---83.14(1)(d)

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Community Based Residential Facility  
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**Complaint History**

**Date Complaint Received: 11/18/2005**

**Date Investigation Completed: 01/24/2006**

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

NOT SUBSTANTIATED

SOD #

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